## Kentucky Department of Insurance Division of Consumer Protection and Education P.O. Box 517, Frankfort, KY 40602-0517 Toll-Free: 1-800-595-6053

Consumer Protection: (502) 564-6034, Fax: (502) 564-6090

## **Consumer Complaint Form**

PLEASE NOTE: In order to assist you, we need a <u>detailed summary</u> of the problem from your perspective, in addition to the information below. Attach more sheets as needed. Please type or print. Please attach copies of any documents related to your complaint. Do not send originals. For tips on items to include, please see the general information sheet.

1. Your Name		D	Daytime Telephone		
2. Address		City,	City, State, Zip		
3. Type of I	nsurance Invol	ved (please circ	le one):		
Auto Ho	omeowner's	Life	Health	Disability	
Workers' Co	ompensation	Commercial	Other, please	e specify	
4. My comp	olaint is against	(please circle a	ll that apply):		
Insurance C	Company	Adjuster	Agent	Other	
				vhat is your relation	
5. The invol	lved insurance	company is ass	ociated with <i>(pl</i>	ease circle one):	
Your policy Som		Someon	eone else's policy		
6. Informati	on on <u>my</u> polic	y: (complete any	y that apply)		
	Insurance Company:				
	Policy Numb	er:			
	Group Numb	er:			
	ID Number:				
	Agent's Nam	e:			

Agent's Address:				
7. Information on the other person's policy (complete any that apply):				
Insured's Name:				
Insurance Company:				
Policy Number:				
Group Number:				
ID Number:				
Adjuster's Name:				
8. Are you represented by an attorney? Please circle one. Yes No				
Today's Date: (MM/DD/YY)//				
Signature				
Please use the space below to provide a detailed description of the problem from you				

Please use the space below to provide a detailed description of the problem from your point of view. Attach additional sheets if needed.

The Kentucky Department of Insurance does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services and provides upon request, reasonable accommodation including auxiliary aids and services necessary to afford individuals with disabilities an equal opportunity to participate in all programs and activities.

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